



0000105532

**ARROYO WATER COMPANY, INC.**

**ORIGINAL**

HC 6 Box 1048-L  
Payson, AZ 85541  
(928) 474-1766  
Fax (928) 474-7812

November 20, 2009

**Docket Control**

**Arizona Corporation Commission**  
1200 W. Washington St.  
Phoenix, AZ 85007

**RE: W-04286A-04-0774**  
**Decision # 70206**

Enclosed for docket is the monthly coliform test results, dated 11/03/09  
from Test America

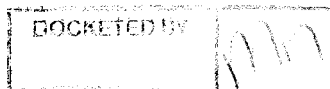
Well meter read: 5082560

Thank You,

Athena Mikulak  
Arroyo Water Company

Arizona Corporation Commission  
**DOCKETED**

NOV 30 2009



**RECEIVED**  
2009 NOV 30 P 2:02  
AZ CORP COMMISSION  
DOCKET CONTROL

Arizona Department of Environmental Quality  
**Drinking Water Microbiological Analysis Report**  
(This form is only for DISTRIBUTION SYSTEM compliance samples)

AZ0404029  
PWS ID Number

11/03/09 14:20

Sample Date Time  
(24- hour clock)

JAKES CORNER WATER SUPPLY

Name of Public Water System

JAY HARRELL P:928-472-3109

Owner/Contact Person and 10-Digit Phone Number

1  
Sampling Site ID or Name

**-Only use if Initial Sample was Positive-**

Specimen ID Number of Initial Sample

Choose One:

- ☐ Repeat, Original Location  
☐ Repeat, Other Location  
☐ Repeat, Downstream Location  
☐ Repeat, Upstream Location  
☐ 400mL Repeat (Single Tap Only)  
☐ 300mL Repeat (Single Tap Only)

**Microbiological Analysis**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
SM9223 B	Present/2 or more coliform)	Total Coliform	3100	11/05/2009 15:30	ABSENT

**Only Report Fecal/E.Coli Result if Total Coliform Result is Positive**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
	Present/2 or more coliform)	Fecal Coliform	3013		
SM9223 B	Present/2 or more coliform)	<i>Escherichia coli</i> or <i>E. Coli</i>	3014		

\*MCL: If system is  $\leq$  33,000, then MCL is 2 or more total coliform-positive.

If system is  $\geq$  33,000, then no more than 5% of the samples may be total coliform-positive.

**Laboratory Information**

(To be filled out by laboratory personnel)

Specimen Number: PSK0186-01 Lab ID Number: AZ0728

Lab Name: TestAmerica Phoenix

Printed Name and Phone Number of Lab Contact: Ken Baker - (602) 437-3340

Authorized Signature: *Ken Baker*

Date Public Water System Notified: 11/17/2009

Comments:

Please mail completed form to:

Arizona Department of Environmental Quality  
Water Quality Data Unit 5415B-1

1110 West Washington Street, Phoenix, Arizona 85007

For Questions Call: (602) 771-4641 or within AZ (800) 234-5677 ext. 771-4641

**Instructions for the Arizona Drinking Water Microbiological Analysis Reporting Form**

Arizona Department of Environmental Quality  
**Drinking Water Microbiological Analysis Report**  
(This form is only for DISTRIBUTION SYSTEM compliance samples)

AZ0404083

PWS ID Number

11/03/09

Sample Date

15:00

Time

(24- hour clock)

ARROYO WATER CO

Name of Public Water System

JAY HARRELL P:928-472-3109

Owner/Contact Person and 10-Digit Phone Number

3

Sampling Site ID or Name

**-Only use if Initial Sample was Positive-**

Specimen ID Number of Initial Sample

Choose One:

- ☐ Repeat, Original Location
- ☐ Repeat, Other Location
- ☐ Repeat, Downstream Location
- ☐ Repeat, Upstream Location
- ☐ 400mL Repeat (Single Tap Only)
- ☐ 300mL Repeat (Single Tap Only)

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	Present/2 or more coliform)	Fecal Coliform	3013		
	Present/2 or more coliform)	<i>Escherichia coli</i> or <i>E. Coli</i>	3014		
SM9223 B					

**\*MCL:** If system is  $\leq 33,000$ , then MCL is 2 or more total coliform-positive.  
If system is  $\geq 33,000$ , then no more than 5% of the samples may be total coliform-positive.

**Laboratory Information**

(To be filled out by laboratory personnel)

Specimen Number: PSK0186-03 Lab ID Number: AZ0728  
Lab Name: TestAmerica Phoenix  
Printed Name and Phone Number of Lab Contact: Ken Baker - (602) 437-3340  
Authorized Signature: *Ken Baker*  
Date Public Water System Notified: 11/17/2009  
Comments: \_\_\_\_\_

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